

SEA SCOUT BASE

~ Sandvlei ~

Seamanship Manual

C. Lifesaver

Pages 44-48

MOUTH-TO-MOUTH RESUSCITATION (ONLY)

- 1) H-H-H (Hazards, Hello, Help)
 - a) Ensure that it is safe to approach the patient and that there are no hazards that could cause danger to your or your patient.
 - b) Check first whether the patient is not just sleeping or dozing by giving him a light kick on the feet and a shake of the shoulders - at the same time say "Hello".
 - c) Call out loudly for HELP. If there are bystanders, use them to go and call for help immediately.
- 2) Open the patient's airway by holding the forehead and lifting the chin, using the PISTOL GRIP. (as in the first picture)
- 3) **DO NOT LIFT THE PATIENT BY THE BACK OF THE NECK**
- 4) LOOK, LISTEN AND FEEL
 - a) Look to see if the chest is rising and falling
 - b) Listen for any sound of breathing
 - c) Feel for any breath on your cheek



IF PATIENT BREATHING. PUT INTO RECOVERY POSITION AND MONITOR

IF PATIENT IS NOT BREATHING THEN:

5. Clear airway of any obstructions by turning head to side and use fingers to remove any obstructions.
6. Look Listen and feel AGAIN
7. Apply two quick breaths
8. Look, listen and feel



If patient is still not breathing then apply mouth to mouth as follows:

9. One breath every five seconds (approximately 12 breaths between 50 and 70 seconds) = ONE CYCLE
10. After every cycle: Look, listen and feel
11. Once the patient is breathing, place him in the Recovery Position
12. Stay and monitor the patient until help arrives

CLEAR
OBSTRUCTIONS

NB. For the purposes of the evaluation your technique and approach is more important than the timing.



CARDIO-PULMONARY RESUSCITATION (CPR)

- H-H-H (Hazards, Hello, Help)

- Ensure that it is safe to approach the patient and that there are no hazards that could cause danger to you or your patient.
- Check first whether the patient is not just sleeping or dozing by giving him a light kick on the feet and a shake of the shoulders - at the same time say "Hello".
- Call out loudly for HELP. If there are bystanders, use them to go and call for help immediately.

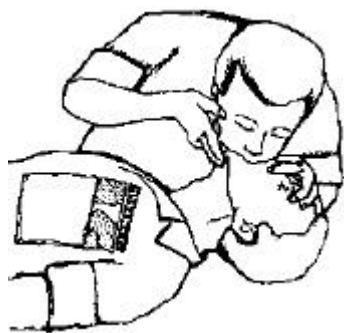
- 1) A-B-C (Airway, Breathing, Circulation)

- 2) Open the patient's airway by holding the forehead and lifting the chin, using the PISTOL GRIP.

- 3) LOOK, LISTEN AND FEEL

- Look to see if the chest is rising and falling
- Listen for any sound of breathing
- Feel for any breath on your cheek

- 4) **IF PATIENT BREATHING. PUT INTO RECOVERY POSITION AND MONITOR**



- 5) **IF PATIENT IS NOT BREATHING THEN:**

- 6) Clear the airway by turning the patient's head to the side. Using two fingers, clear obstructions that might be blocking the airway.
- 7) Turn the patient's head back and open the airway again.
- 8) If patient is still not breathing then:
- 9) Apply two quick breaths

- 10) Look, listen and feel **AND AT THE SAME TIME**

11) Using the two middle fingers NEXT TO the index finger, feel on the carotid artery and check for a pulse

- 12) If there is a pulse continue as for Mouth-to-Mouth Resuscitation.

IF THERE IS NO PULSE

- 13) Apply 15 compressions as follows:

- From the xiphisternum, measure three/four fingers UP the sternum – this will give you the position that the HEEL OF YOUR HAND should be in to apply external cardiac massage.
- The compression is approximately 5cm for an adult and 2.5cm for a child
- Ensure that your arms are locked and straight when giving compressions - your shoulders should be above the sternum - USE YOUR HIPS. DO NOT ROCK BACKWARD AND FORWARD. DO NOT BEND YOUR ELBOWS.

14. Give two breaths.

IMPORTANT NOTE: 15 Compressions and 2 breaths equal ONE CYCLE (5 cycles equals one minute OR between 50 and 70 seconds) – emulate 100 beats / min = ± 2 compressions / sec.

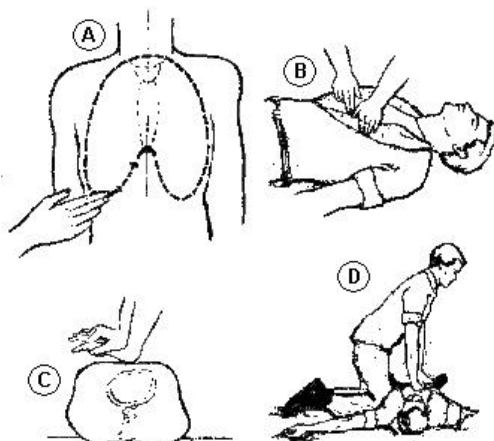
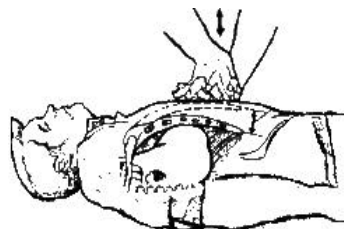
15. Complete five (5) cycles and then:

- Look, Listen and Feel AND***
- Feel for a pulse***

16. If there is a pulse but no breathing then continue mouth to mouth resuscitation

17. If there is a pulse and breathing then place the patient in the ***Recovery Position***

18. Stay with the patient and monitor until help arrives



THE SEVEN SAFETY SWIMMING STEPS

SAFE SWIM DEFENSE

1. **Qualified Supervision.** A responsible adult must be in charge at all times when Scout swimming is conducted. He must be qualified with water-safety training or have trained assistants under his direction.



2. **Safe Swimming Area.** The bottom of the swimming area is examined to make sure it is safe, with no deep holes, stumps, or rocks. It is then marked off in three sections: not more than 1m deep for non swimmers, up to just-over-head depth for beginners, and deep water for swimmers (not over 3.6m).

3. **Lifeguards.** Two older Scouts who are good swimmers are guards. They stand at the edge of the water, equipped with a lifeline, ready to assist any swimmer in trouble. In addition, if a boat is available, two older Scouts, preferably good swimmers, should man it. One should be at the oars. The other should be equipped with a reaching pole or an extra oar, and he should be in the stern, but turned around so that both he and the oarsman are facing the swimmers. The boat is stationed just outside the swimming area, with stern toward the swimmers, ready to backwater toward anyone who needs help.

4. **Lookout.** A lookout stands where he can watch all swimmers. It is best if he is high above so that his view is never blocked.

5. **Ability.** Before group swimming starts, each Scout's swimming ability is tested. The Scouts are then divided into three groups: non swimmers who are just learning; beginners who have jumped feet first into deep water and swum 7.5m, then reversed direction and swum another 7.5m to their starting point; and swimmers who have passed this test: Each group stays in its own area during the swim.



6. **Buddy System.** Each Scout is paired with another of about the same swimming ability. The two check in together on the buddy board or an equivalent, keeping within 3m of each other at all times, and checks out together. Whenever a buddy signal is sounded, buddies grasp each other by the hand and hold their arms high so that the lookout can check up on the number of buddy pairs.



7. **Good Discipline.** The adult supervisor sees to it that there is intelligent discipline -- with strict attention to the rules, but with a chance for everyone to have a good time and to become better swimmers.

PLUS

Physical Fitness. It is important that the swim supervisor be aware of the physical condition of all participants in or out of the water and take special precautions when needed. A current individual health history that includes information on heart, lung, breathing, and ear/hearing conditions is normally sufficient.

REACH, THROW, ROW AND TOW

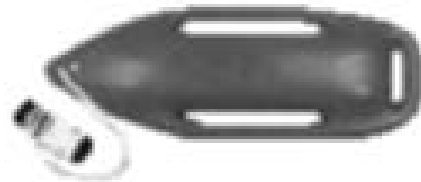
Someone is drowning! What should you do? The first reaction of most people is to try to save them. How? By swimming out there and rescuing them. **NO! NO! NO!** That is not what you should do.

LIFESAVING

1. Don't ever swim out to rescue a drowning person unless you have had a course in lifesaving. There are many water accidents each year where a rescuer also drowns.
2. You can not save anyone if you drown too.
3. The first things you learn in lifeguard training (lifesaving classes) is **reach, throw, row and tow.**
 1. Reach for the victim first.
 2. Throw something to the victim.
 3. Row-use a boat if available.
 4. Tow as a last resort; go in after the victim, only if you have lifesaving training.

4. Reaching Assists

1. If someone is drowning near shore, hold a pole, oar, long stick, shirt, towel or anything close by for him to grab.
2. Wade out from shore a little if it is not very deep and the water is not very fast. Do not wade out unless you know the bottom is safe.



Many public facilities have Torpedo Rescue Buoys available for emergency rescue purposes.

5. Throwing Assists

1. If someone is drowning further out, throw or push something to him.
2. Examples: push a boat, spare tire (it floats). Ice chests or throw a plastic milk jug, life jacket etc. Anything that will float will work-anything for the victim to hang onto.
3. Try not to hit him when throwing him something.
4. If a rope is around, tie it to something that floats and throw to him. Then pull him in.

6. Rowing Assists

1. If the victim is very far out and a boat is available, row or paddle out to him.
2. Once you get to him, DO NOT let him grab hold of the side of the boat. He could turn it over. Have him grab the back of the boat.
3. It is best then to have him hold on as you paddle to shore. If he must get in, be very careful not to rock the boat while standing up.
4. If the boat does tip over, hang on to it. It will float.
5. If the boat does tip over and you manage to turn it right side up, it will be filled with water. Get into the boat (it will float) and start paddling back to shore.

SWIMMING SAFETY

- 1) Never swim by yourself, no matter how good a swimmer you are.
- 2) It is always much safer to swim where a lifeguard is on duty.
- 3) If you are in charge of small children, never take your eyes off of them around water. They can fall in and drown quickly.
- 4) If you are just learning to swim, stay in shallow water.
- 5) People who are poor swimmers, or can't swim, should not float on tubes, rafts or even try to water ski.
- 6) Even if you are a good swimmer, you may get a cramp or get tired. Never attempt a long swim, unless you have a boat following you.
- 7) If you get a cramp in your arm, leg or foot while you are swimming;

No big deal.

- i) Stop and stretch it. Hold your breath, reach down and work it out. You will float.
 - ii) It is a technique called drown-proofing.
 - iii) If you feel a cramp coming on, change the way you are swimming.
- 8) It is recommended that you NEVER swim at night in the ocean, a lake, river, pond or unlighted swimming pool. This is especially true in the ocean, where a lot of fish feed at night.
 - 9) Never call for help around water unless you need it. If you need it, yell, wave your arms, etc.

COURSE LEADER'S NOTE:

You are strongly advised to attend a full First Aid course run by one of the many recognized organizations. If you join your local lifesaving club you will receive in-depth training on Mouth-to-Mouth Resuscitation (Expired Air Resuscitation), CPR and First Aid. These courses will cover in-depth methodology of EAR and CPR, including the requirements for INFANTS, which is NOT covered in these notes. It is always in your own interest to be well trained in the methods of First Aid.

It is also in your own interest to attend refresher courses of all the material covered in this course as well as any First Aid course that you attend. Official First Aid course certificates are recognized for a maximum of three years.